



A POLYTECHNIC INSTITUTION

School of Health Sciences
Program: Bachelor of Science in Nursing
Option:

NURS 4000
Applied Nursing Science 4

| | |
|--------------------------------------------------|-------------------------------------------------|
| Start Date: January 9, 2007 | End Date: May 7, 2007 |
| Total Hours: 51 Total Weeks: 17 | Term/Level: 4 Course Credits: 3.5 |
| Hours/Week: 3 Lecture: Lab: | Shop: Group Work: 3 |

Prerequisites

| Course No. | Course Name |
|-------------------|-------------------------------|
| NURS 1060 | Pharmacology |
| NURS 3000 | Applied Nursing Science 3 |
| NURS 3034 | Nursing of Families Practicum |
| NURS 3038 | Mental Health Practicum |

Corequisites:

| Course No. | Course Name |
|-------------------|---------------------|
| NURS 4032 | Nursing Practicum 4 |

NURS 4000 is a Prerequisite for:

| Course No. | Course Name |
|-------------------|---------------------|
| NURS 7100 | Community Nursing |
| NURS 7030 | Nursing Practicum 5 |

■ **Course Description**

The teaching/learning strategy used in this course is problem-based learning. Using this strategy, students will explore three health-related situations that reveal complex health problems. In addition, they will apply selected theoretical concepts from nursing and other disciplines to each situation. There will be particular emphasis on the concept of health promotion in an acute care setting.

Student learning groups will create a professional context wherein each group member will work collaboratively and effectively. While developing their understanding, students will access information from a variety of sources including appropriate literature, health care professionals, and community resources. Situations will be analyzed from the perspective of the involved patient, professional nurse, multidisciplinary team, health care system, and society. Students will individually present their findings in a way that facilitates learning for all group members. Exploration of each situation will culminate in the formulation of an individualized nursing care plan that addresses all relevant patient problems.

Each patient situation is dynamic. Students develop their critical thinking skills by diagnosing and managing new problems that arise as the patient's condition changes.

■ **Course Format**

The course is comprised of both formal scheduled small group sessions and self-directed learning activities. The formal groups include a tutor/facilitator and a maximum of 12 students and meet weekly for three hours.

The duration of the course is 17 weeks. The first session provides an introduction to the course and to the first situation. Each of the three situations takes approximately five weeks to complete. However, individual groups may progress at their own pace providing all situations are completed by Week 16. Week 17 is Evaluation Week.

■ **Evaluation**

| | |
|--------------------|-------------|
| Professional Paper | 30% |
| Group Skills | 15% |
| Midterm Exam | 20% |
| Final Exam | 35% |
| TOTAL | <u>100%</u> |

Comments: Refer to Assignment Details at the end of this course outline for guidelines, policies, and criteria for achieving a passing grade, related to each method of evaluation.

■ **Course Learning Outcomes/Competencies**

Upon successful completion, the student will be able to:

1. develop a theory base related to complex health problems and selected concepts inherent in three health-related situations.
2. effectively utilize a problem-solving process to formulate a plan to address any health-related problem independently and in a group, and to individualize this plan to a patient.
3. critically evaluate literature, research findings, and other resources in relation to accuracy, relevance, and utility before using in professional forums, professional writing, or own practice.
4. appraise health problems by monitoring contextual influences, explaining relationships, and identifying patterns.
5. develop creative strategies when addressing problems by considering alternative ways of viewing a problem or situation.
6. promote learning within the group by sharing information in a competent and professional manner.
7. demonstrate commitment to the group process and use initiative to advance the functioning of the group.

■ **Course Content**

Three patient situations will be analyzed and selected concepts will be applied.

A. Description of Patient Situations:

1. Tony Smith is a 52-year-old man who was admitted to VGH Emergency with a diagnosis of diabetic ketoacidosis and peripheral artery disease of the left leg. Mr. Smith moved to Vancouver from High River, Alberta 10 days ago.
2. Helen Hames is an 91-year-old woman who was admitted to the VGH medical ward two days ago with heart failure and dementia NYD. She has a history of angina and had a myocardial infarction three years ago. She lives at home with her 92-year-old husband.
3. Arthur George is a 55-year-old man who was struck by a car outside his lodging at the Portland Hotel at 0200 hours two days ago. He was brought in unconscious to VGH Emergency with a diagnosis of traumatic brain injury (TBI), alcohol abuse, and liver failure. His last known admission was for treatment of shock secondary to gastric bleeding. Mr. George has just been transferred to your medical ward from Neuro ICU.

■ **Course Content (cont'd.)**

B. Analysis of Patient Situations:

1. Using the brainstorming technique, students analyze each situation by identifying specific learning issues related to nursing concepts such as health/illness, health promotion, growth and development, ethnicity, and contextual issues such as socioeconomic factors. An example of a learning issue is Type 2 diabetes.
2. The learning issues are organized into "like" categories.
3. These learning issues are then subdivided into topics that are manageable for student presentations. For example, topics related to a specific disease (illness) are typically organized in relation to epidemiology, pathophysiology (including patient problems), medical interventions (including diagnosis), and nursing interventions (including assessment). Complications of each disease (illness) are also identified and addressed in the same fashion (epidemiology, pathophysiology, medical, and nursing interventions). Attempts are made to minimize overlap of topics.
4. Teaching topics are prioritized so that the order of presentation is logical.
5. Students present their topics to the group, following the criteria for group skills.
6. Following the student presentations, the data sheets are reviewed and new learning issues are identified and assigned for presentation.
7. The data sheets are systematically analyzed and actual and potential problems are identified and prioritized.
8. The group then determines specific individualized nursing interventions for each identified problem. Priority nursing interventions will be stressed. The care plans should be realistic, as if they were to be implemented in the hospital setting.
9. Finally, clinical decision making is discussed in relation to specific questions and changes in the patient's situation.

C. Application of Concepts:

1. The following concepts will be considered when discussing each situation: growth and development; ethnicity; law and ethics; illness*; and health promotion**.
 - * The concept of Illness includes epidemiology, level of acuity (acute/chronic), illness assessment, illness/injury prevention, and illness management (curative, rehabilitative, supportive).
 - ** The concept of HP includes the following content (sub-concepts) learned in earlier levels: determinants (prerequisites) of health; illness/injury prevention, nutrition, patient education, and community resources.
2. Students will apply a concept from a previous level when it is central to understanding a new situation.
3. Students will consider the context of each situation. The context focus is physical and socioeconomic.

■ **Process Threads Relevant to this Course**

Professionalism: This course promotes further development of a nursing knowledge base that is required for competent practice. In the acute care situations that are provided, students analyze data in a holistic manner, identify actual problems, anticipate potential problems, and prepare nursing care plans. They discuss health promotion with a focus in an acute care setting. Students develop a further understanding of the professional role of the nurse. They are accountable and responsible for following through with the work they have agreed to do.

Communication: Working effectively in teams is a focus of this course. Experience is gained by establishing working relationships with members, sharing ideas and learning materials, clarifying thoughts, and providing feedback. The latter skill is particularly stressed at this level. All students monitor group functioning by assessing their own and other student's facilitation skills. Verbal and written feedback/discussion is thoughtful. The academic use of APA is expected in essay writing. This assists students to appreciate the standards for written communication in nursing. Students improve computer literacy by using the Internet and other databases.

Systematic Inquiry: Students evaluate research findings that they encounter in their review of literature related to a health situation. In addition, when research findings are presented to the group, group members are responsible for questioning findings. Students investigate issues in nursing. They raise questions about nursing practices and explore alternatives. Students develop reflective skepticism regarding nursing practice.

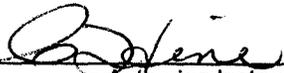
Professional Growth: Students are required to take responsibility for their own learning by acquiring knowledge related to specific health-related situations and to develop a problem-solving process that they are able to apply to any health situation in a timely manner. There is special emphasis on facilitating group learning by sharing accurate, relevant information in a professional manner. Students develop learning partnerships with peers and instructors to explore learning needs and opportunities and act to improve and enhance their performance. Students consult with health professionals in hospitals and in the community to obtain relevant information. Students reflect on own values, beliefs, and assumptions about growth and development, ethnicity, health promotion, health/illness, law and ethics in relation to their nursing practice. Students value updating their own knowledge. Students evaluate sources of knowledge that are used in their practice. Students assume responsibility for learning and becoming self-starters. They are responsible and accountable for their actions.

Creative Leadership: Students will demonstrate credibility, assertiveness, problem solving, judgment, and initiative within the group. Students use facilitation skills within groups to function productively. Students will propose creative ways of solving problems related to health situations. Students appreciate the role of nursing in the health care system.

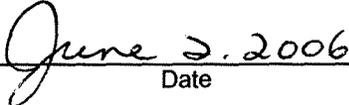
Technical Skill: In the health situations they are studying, students discuss relevant technical skills with the emphasis on understanding the rationale and anticipating nursing responsibilities associated with the skills.

■ **Verification**

I verify that the content of this course outline is current.

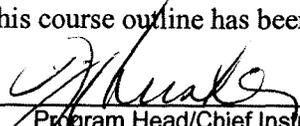


Authoring Instructor



Date

I verify that this course outline has been reviewed.

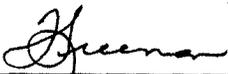


Program Head/Chief Instructor

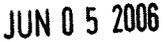


Date

I verify that this course outline complies with BCIT policy.



Dean/Associate Dean



Date

Note: Should changes be required to the content of this course outline, students will be given reasonable notice.

■ Tutor(s)

| | | | |
|--------------------------------|--------------|--------------|--------------|
| Linda Brazier | 604-432-8918 | Anna Luketic | 604-432-8908 |
| Catherine Hine (Course Leader) | 604-432-8907 | Peggy Wyatt | 604-432-8782 |
| | | Susan Burr | 604-454-2217 |

Note: Office hours will be announced by each tutor on the first class day.

■ Required Learning Resources

American Psychological Association. (2001). *Publication manual of the American Psychological Association* (5th ed.). Washington, DC: American Psychological Association.

Generic textbooks:

- health assessment text
- nursing-medical dictionary
- pharmacology text
- laboratory and diagnostic handbook
- a BCIT-approved medical-surgical nursing text

■ Required Journal Articles

Canadian Diabetes Association. (2003). Canadian Diabetes Association 2003 clinical practice guidelines for the prevention and management of diabetes in Canada. *Canadian Journal of Diabetes*, 27(2), 1–152.

Access: <http://www.diabetes.ca>

Note: Refer to specific required journal articles which are assigned by topic. Required reading journal articles are accessible through Net Storage. There is a link to Net Storage on the MyBCIT course home page for NURS 4000.

■ Information for Students

Assignments: Late assignments receive a 10% per day penalty. Refer to the section related to “professional paper” for further details.

Makeup Tests, Exams, or Quizzes: There will be **no** makeup tests, exams, or quizzes. If you miss a test, exam, or quiz, you will receive zero marks. Exceptions may be made for **documented** medical reasons or extenuating circumstances. In such a case, it is the responsibility of the student to inform the instructor **in advance of the exam** and as early as possible.

Ethics: BCIT assumes that all students attending the Institute will follow a high standard of ethics. Incidents of cheating or plagiarism may, therefore, result in a grade of zero for the assignment, quiz, test, exam, or project for all parties involved and/or expulsion from the course.

Attendance: The BCIT Attendance policy (#5002) is enforced in NURS 4000. This states that a student may be “...prohibited from completing their course” when the student is absent “for any cause for more than 10% of the time prescribed by the course” (page 16). Notice is hereby given to all NURS 4000 students that if one three-hour class is missed that the student is approaching 10% absenteeism. If students miss a second three-hour group session, they will have exceeded 10% absenteeism and will be required to meet with the Year 2 Program Head and the tutor. A Student Record document will be placed on the student’s file. Any subsequent absenteeism may result in the student being withdrawn from NURS 4000 as per Policy #5002.

■ Information for Students (cont'd.)

Illness: An approved doctor's note is required for any illness causing you to miss assignments, quizzes, tests, projects, or exams. At the discretion of the instructor, you may complete the work missed or have the work prorated.

Cheating, Fabrication, Plagiarism, and/or Dishonesty:

First Offense: Any student in the School of Health Sciences involved in an initial act of academic misconduct — **cheating, fabrication, plagiarism, and/or dishonesty** will receive a Zero (0) or Unsatisfactory (U) on the particular assignment and may receive a Zero (0) or Unsatisfactory (U) in the course, at the discretion of the Associate Dean.

Second Offense: Any student in the School of Health Sciences involved in a second act of academic misconduct — **cheating, fabrication, plagiarism, and/or dishonesty** will receive a Zero (0) or Unsatisfactory (U) on the particular assignment and may receive a Zero (0) or Unsatisfactory (U) in the course, and the Associate Dean will recommend to the BCIT Vice-President, Education and/or President, that the student be expelled from the program.

Attempts: If a student fails NURS 4000, he/she must meet with the Course Leader, and providing there is a seat available, the student may then register for a second attempt. BCIT Nursing Program Guidelines, Policies and procedures which are located at <http://www.bcit.ca/health/nursing/> state: Applicants who have any combination of two instances of withdrawal or failure in a Nursing Theory course will be readmitted to the program "with written permission from the Associate Dean, who will detail any special considerations."

Course Outline Changes: The material or schedule specified in this course outline may be changed by the instructor. If changes are required, they will be announced in class.

Student Conduct: The BCIT Student Conduct Policy (#5002) is implemented in this course. For example, students who engage in "disruption of instructional activities or services" will be in violation of this policy.

Required Journal Articles: The journal and book sources listed in the reference section are required reading for all students. Required reading articles are available in four binders at the Circulation desk under the **call number NURS 4000**. Most of the articles are available electronically. Students can access these by:

1. going to the BCIT Library website (www.lib.bcit.ca)
2. selecting the online catalogue
3. searching by title, type in NURS 4000. Note: all links to full text or scanned articles will be listed in blue.

A minority of articles are not available electronically. These articles will be available in the NURS 4000 Reserve binders. In addition, required journal articles may be accessed through Net Storage.

Students who are researching and presenting material to their group are required to utilize additional sources which are to be obtained by the student.

■ Assignment Details

A. Group Skills Evaluation — 15% of total mark

Purpose

1. To promote learning within the group.
2. To develop skills which are integral to teaching patients and professional groups.
3. To continue to improve ability to facilitate group process within own NURS 4000 group.
4. To develop skills that enhance leadership ability within own nursing practice.

Guidelines

1. Each group will establish group norms in their first group session. These will include such issues as ways to deal with lateness, missed work, assignment of topics, role and selection of chairperson, use of agendas, and other issues. Group norms may be revised at anytime if there is group consensus.
2. All group members are responsible for contributing to effective group dynamics. If problems arise, then the group must decide how to resolve difficulties in order that the work of the group is not impaired. If a group member is not adhering to the Group Norms then this will be discussed within the group so that the problem can be resolved.
3. A pre-designated chairperson is responsible for posting the agenda for the current PBL session. He/she has a major role in timekeeping and facilitating group process. The chairperson is also responsible for ensuring that the agenda for the following week is developed by the group. He/she leads the debriefing discussion in the last 10–15 minutes of the session.

Policies

1. Students will evaluate their own group process skills and that of their group members on a weekly basis using the Group Skills Evaluation Tool (see Appendix A).
2. Formal group feedback will be given at midterm (formative evaluation) using the Group Skills Evaluation Tool. The format for giving and receiving feedback will be decided by the group. It is important that group members receive accurate feedback at this time so that they are able to formulate a plan to improve problem areas.
3. If an individual student is disrupting the learning environment, violating BCIT policy #5002 (attendance, conduct), or is in jeopardy of failing the course, then the tutor will meet with this student in accordance with policy #5002.
4. The final mark will be determined by averaging the tutor's mark (50%) and the student's mark (50%) for a total of 15% of the course mark. Criteria related to attendance, lateness, and evaluation will be solely marked by the tutor. The tutor reserves the right to remove any evaluation form that is inappropriate or incomplete. **Students must achieve a minimum of 50% in their Group Skills mark in order to pass the course.**

B. Exams — 55% of total

Policies

1. When students provide more information than is required, the tutor will select the answers in the order that they are provided.
2. Answers will be deemed correct only if they are based on the data actually provided in the situation.
3. **Students must achieve an average of 50% of the weighted average on these two exams in order to pass the course.** For example, $9/20$ (midterm) + $19/35$ (final) = $28/55$ and, therefore, a passing grade.

Midterm Problem-Solving Exam — 20% of total

The midterm exam will be based on the **first** health situation discussed. Situations in the exam will not be limited to the specific situation provided in the data sheet. For example, you are expected to learn about diabetes which includes both Type 1 and Type 2, so either type may be tested. The format will be multiple choice. The exam will be completed in class time on **Week 8**.

Situations will be given and the student will mainly be required to:

- determine assessments that are required.
- diagnose problems based on the data provided.
- identify independent and collaborative nursing interventions.
- provide theoretical rationale for nursing actions.
- anticipate the requirements of the health care team.
- initiate health promotion in given situations.

Final Examination — 35% of total grade (100 marks)

The final exam uses the same format as the midterm problem-solving exam. It is based on the **second and third** health situations. The exam is written in Examination Week (17), TBA.

C. Professional Paper: *Bridging the Gap Between Theory and Practice* — 30% of total

Note: Detailed guidelines and marking criteria will be distributed in the first class.

Introduction

This paper involves an assessment of a specific patient in an acute care setting and the identification of a significant patient problem. Following this, the student will undertake a review of professional literature that is based on the identified problem and related nursing interventions. The literature review will include one research study. Based on the assessment data collected and the review of the literature, the student will identify patient outcomes (goals) and propose a specific, individualized nursing care plan (NCP) that addresses the problem. This NCP is intended to cover the patient's hospital stay from the time of assessment up to and including the anticipated discharge. In addition, the plan will indicate how the nursing interventions will be implemented.

Purpose

This paper will assist the student to:

1. Identify a significant patient problem using all available sources of data.
2. Conduct a useful review of relevant professional literature that discusses the selected problem and presents appropriate nursing interventions.
3. Formulate a specific, realistic, and individualized plan to address the patient problem with theoretical support from the literature review.
4. Demonstrate competence in professional writing.

5. Demonstrate ability to meet CRNBC Standard 2, related to specialized body of knowledge and Standard 3, related to competent application of knowledge (College of Registered Nurses of British Columbia, 2005).

Course Outcomes

The concept paper will assist the student to meet the following course outcomes:

1. Develop a theory base related to complex health problems and selected concepts.
2. Effectively utilize a problem-solving process to formulate a plan to address any health-related problem independently.
3. Critically evaluate literature, research findings, and other resources in relation to relevance and utility before using in professional forums, professional writing, or own practice.
4. Expand understanding of health problems by considering contextual influences, recognizing relationships, and identifying patterns.
5. Develop creative strategies when addressing problems by considering alternative ways of viewing a problem or situation.

Policies

1. The Paper will be at least 10 pages in length (maximum of 12), using APA guidelines. The Title Page, Reference List, and Appendices are **not** included in the 10 pages.
2. A **complete** paper must be submitted in order to pass NURS 4000 (course requirement).
3. Papers must be submitted by 0830 hours directly to the tutor by the due date. Late papers will have a deduction of 10% of the total possible marks (100), or 10 marks per day for each day late (including weekends and holidays) unless an extension has been negotiated in advance of the due date. The only acceptable grounds for an extension is illness and this must be supported by a physician's note. If a late paper is handed in on a day when the tutor is not available, then the student must personally submit the paper to a Program Head (PH) and notify the tutor. It is the student's responsibility to ensure that the paper is safely transferred to the tutor or PH. Papers can be submitted electronically on weekends and vacation days.
4. An actual patient is assessed in the acute care setting, under the supervision of a Level 4 instructor. For the purpose of this paper, the following is **not** acceptable: a patient you have cared for in a previous level, a patient in a community setting; a family member; a friend; or a patient you are caring for while being employed by an agency.
5. The student must indicate within the paper that the name or initial they are using has been changed to maintain the confidentiality of the patient.

6. The paper must conform to standards for professional writing. Some characteristics of professional writing include being clear and logical, having an orderly expression of ideas, employing economy of expression, avoiding jargon, colloquialism, wordiness, and redundancy (see APA, Chapter 2).
7. The paper must conform to APA guidelines (2005) and conventions for professional writing. If a paper is found to *significantly* deviate from this standard, then the paper must be rewritten before it is marked and will be subjected to the late penalty which will commence on the day it is returned to the student by the tutor. Therefore, the *minimum* penalty is 10% of the total mark.
8. Failure to acknowledge a source is a serious issue. When this occurs, the writer “passes off” another author’s ideas as if they are the writer’s own ideas. Repeated instances of this may constitute a violation of the plagiarism policy.
9. Students suspected of engaging in plagiarism will be interviewed by the Program Head and the tutor. The PH may then refer the matter to the Associate Dean for implementation of BCIT policy in relation to cheating and plagiarism (#5002). Plagiarism is dishonest behavior and, therefore, violates CRNBC Standard 4, Code of Ethics/Accountability (College of Registered Nurses of British Columbia, 2005, p. 13).
10. Students will submit **two** copies of the paper to their tutor. One copy will be retained by the course leader for the sole purpose of monitoring for plagiarism. Note: the appendices may be omitted from the second paper.

Three Problem-Based Learning Situations

SITUATION #1: Tony Smith

Tony Smith is a 52-year-old man who was admitted to VGH Emergency with a diagnosis of diabetic ketoacidosis and peripheral artery disease of the left leg. Mr. Smith moved to Vancouver from High River, Alberta 10 days ago.

Required Reading and Resources:

Note: All readings are required whereas resources are optional. Journal articles have been selected to augment the section in your medical-surgical textbook. Journal articles are accessible through the my.bcit.ca course home page for NURS 4000. There are also five copies of each journal article on three-day reserve in the library.

Metabolic Syndrome:

Required Readings:

1. Journal Articles

Appel, S. (2005). Sizing up patients for metabolic syndrome. *Nursing*, 35(12), 20–21.

Paul, S. & Smith, L. (2005). The metabolic syndrome in women: A growing problem for cardiac risk. *Journal of Cardiovascular Nursing*, 20(6), 427–432.

Diabetes:

Required Readings:

Note: The Canadian Diabetes Association in 2003 Guidelines (2003) should be utilized in researching any topic pertaining to diabetes. Refer to page 4 for reference and website.

1. Medical-surgical textbook. Section on diabetes mellitus, acid-base balance, and peripheral vascular occlusive disease.
2. Pharmacology Handbook. Section on insulin and oral hypoglycemic agents.
3. Required journal articles:

Canadian Diabetes Association. (1996). 6 tips for your sick day blues. *Equilibrium: Issue 1*, 39–41.

Halpin-Landry, J., & Goldsmith, S. (1999). Feet-first: Diabetes care. *American Journal of Nursing*, 99(2), 26–34.

James, J. (2001). Hypoglycemia — The down side to the treatment of hyperglycemia. *Canadian Journal of Diabetes Care*, 25(1), 10–11.

Tkacs, N. (2002). Hypoglycemia unawareness. *American Journal of Nursing*, 102(2), 34–39.

Ward-Collins, D. (1998). “Noncompliant”... Isn’t there a better way to say it. *American Journal of Nursing* can be read at:

http://www.nursingcenter.com/continuing/ce/Viewarticle.CFM?ART_ID=a0805026&part=1

Woods, A. & Moshang, J. (2005). Triple threat: Diabetes, hypertension, and heart disease. *Nursing Management*, 36(11), 27–34.

Community Resources:

Canadian Diabetic Association. British Columbia/Yukon Division. 604-732-1331.

Resources:

1. *Videos*

Control and Complications. Learning About Diabetes Series. RC 660 C66 1995.

Diabetic Emergencies (**strongly recommended**) RC 660 A2 D53 1990.

2. *Websites*

<http://www.diabetes.ca>

Join Medscape.com and then visit <http://endocrine.medscape.com/PCI/diabetes/public/diabetes-about.html>

Acid-base Balance:

Required Readings:

Pruit, W., & Jacobs, M. (2004). Interpreting arterial blood gases: Easy as abc. *Nursing 2004*, 34(3), 52–54.

Shoulders-Odom, B. (2000). Using an algorithm to interpret arterial blood gasses. *Dimensions of Critical Care Nursing*, 19(1), 36–41.

Resources:

Acid Base Balance (3-part series). QP 90.7 A35. 1989.

Peripheral Artery Disease:

Required Readings:

Rice, K. (1998, February). Navigating a bottleneck. *Nursing 98*, 33–38. <http://www.springnet.com>

Walsh, E. (1998, February). Bypassing the bottleneck surgically. *Nursing 98*, 39–44. <http://www.springnet.com>

SITUATION #2: Helen Hames

Helen Hames is an 91-year-old woman who was admitted to the VGH medical unit two days ago with heart failure and dementia NYD. She has a history of angina and had a myocardial infarction three years ago. She lives with her husband, age 92.

Cardiac Problems:

Required Readings:

1. Medical-surgical textbook. Sections on angina, myocardial infarction, heart failure, and atrial fibrillation.
2. Pharmacology Handbook. Sections on related cardiac medications.
3. Journal articles:

Bosely, C. (1995, September). Assessing cardiac output. Don't stop at the heart. *Nursing 95*, 43–45.

Cheek, D. (2003). What's different about heart disease. *Nursing 2003*, 33(8), 36-43.

Christensen, D. (2004, Fall). Managing heart failure: What you need to know. *Med/Surg Insider*, 4–9.

Harrison, H. (1999). Troponin I. A new cardiac marker is revolutionizing the diagnosis of MI. *AJN*, 99(5), 24TT.

Hiller, G.A. (1999, February). Atrial fibrillation, Soothing the savage beat. *Nursing 99*, 26–31.

McConnell, E. (1998, February). Assessing jugular venous pressure. *Nursing 98*, 28.

Newton, J.L. (1998, August). Angina pectoris: A cry from the heart. *Nursing 98*, 58–60.
<http://www.springnet.com>

Siomko, A.J. (2000). Demystifying cardiac markers. *AJN*, 100(1), 36–40.

Wyatt, P., & Ratner, P. (2004). Evaluating treatment-seeking for acute myocardial infarction in women. *Canadian Journal of Cardiovascular Nursing*, 14(1), 39–45.

Resources:

1. Videos

- Assessment and Care of Patients with Angina. RC 685 C677A77, 1997.
- Heart. (First 5 minutes demonstrates assessment of jugular vein pressure) RC 683 442 1985.

2. Community Resources

Heart and Stroke Foundation of BC and Yukon
1212 West Broadway
Vancouver, BC
Phone No. 604-736-4404

Note: Regional offices for Greater Vancouver are in the phone book.
National Website: www.HSF.Ca
Professional Education Site (Ontario) Website: www.HSFOPE.ORG/

Dementia:

Required Readings:

1. Medical-surgical text on dementia/Alzheimer's disease.

2. Journal Articles:

Kurlowicz, L., & Wallace, M. (2002). The mini mental state examination (MMSE). *MEDSURG Nursing*, 11(3), 153–154.

Laue, I. (1995, March). In sickness and in health. The wife of an Alzheimer's victim shares thoughts from her personal diary. *Canadian Living*, 59–63.

Maxfield, M., Lewis, R., & Cannon, S. (1996, January) Training staff to prevent aggressive behavior of cognitively impaired elderly patients during bathing and grooming. *Journal of Gerontological Nursing*, 37–43.

Maier-Lorentz, M. (2000). Effective nursing interventions for the management of Alzheimer's disease. *Journal of Neuroscience Nursing*, 32(3), 153–157.

Rentz, C. (1995). Reminiscence. A supportive intervention for the person with Alzheimer's disease. *Journal of Psychosocial Nursing*, 33(11), 15–20.

Souder, E., Chastain, J., & Williams, R. (2002). Dementia in the new millennium. *MEDSURG Nursing*, 11(2), 61–69.

Resources:

1. *Videos*

- Problem Behaviors in Geriatrics — Agitation and Restlessness. RC 954G47 no. 5, 1993.
(Note: Seven other videos in this series available in the library.)

Delirium:

1. Journal article

Hanley, C. (2004). Delirium in the acute care setting. *Medsurg Nursing*, 13(4), 217–225.

2. **Health Promotion/Community Resources:**

Alzheimer's Society of BC
20 – 601 West Cordova Street
Vancouver, BC.
Phone No. 604-681-6350

Note: Regional offices for Greater Vancouver are in the phone book.
Website: www.Alzheimer.Ca

The Older Adult:

Required Readings:

1. Journal Articles:

Brown, A., & Draper, P. (2003). Accommodative speech and terms of endearment: Elements of a language mode often experienced by older adults. *Journal of Advanced Nursing*, 41(1), 15–21.

Covinsky, K., Palmer, R., Fortinsky, R., Counsell, S., Stewart, A., Kresevic, D., Burany, C., & Landefeld, C. (2003). Loss of independence in activities of daily living in older adults hospitalized with medical illness; Increased vulnerability with age. *Journal of American Geriatrics Society*, 51(4), 451–458.

DiMaria-Ghalili, R. & Amella, E. (2005). Nutrition in older adults. *American Journal of Nursing*, 105(3), 40–50.

Hamilton, S. (2001, December). Detecting dehydration and malnutrition in the elderly. *Nursing 2001*, 31(12), 56–57.

Hart, B., Birkas, J., Lachmann, M., Suanders, L. (2002). Promoting positive outcomes for elderly persons in the hospital: Prevention and risk factor modification. *AACN Clinical Issues*, 13(1), 22–33.

SITUATION #3: Arthur George

Arthur George is a 55-year-old man who was struck by a car outside his lodging at the Portland Hotel at 0200 hours two days ago. He was brought in unconscious to VGH Emergency with a diagnosis of traumatic brain injury (TBI), alcohol abuse, and liver failure. His last known admission was for treatment of shock secondary to gastric bleeding. Mr. George has been transferred to your medical ward from Neuro ICU.

Social and Political Contexts:

Resources:

1. **Video:** Liz Evans Profile. This describes a nurse advocate's work with residents of the Portland Hotel. HV 28 E82 LF9, 1999.

Traumatic Brain Injury:

Required Readings:

1. Medical-surgical textbook. Sections on **traumatic brain injury (TBI), intracranial bleeding (not CVA), and increased intracranial pressure (ICP).**
2. Pharmacology Handbook. Section on medications used to treat increased ICP.
3. Journal Articles:

Bond, M., Viera, A., & Yates, S. (1999). The "minor" head injury — which patients need CT? *Emergency Medicine*, 31(4), 48–64.

Brewer, T., & Therrien, B. (2000). Minor brain injury: New insights for early nursing care. *Journal of Neuroscience Nursing*, 32(6), 311–317.

Jastremski, C. (1998, December). Head injuries. *RN*, 40–44.

Lower, J. (2002). Facing neuroassessment fearlessly. *Nursing 2002*, 32(2), 58–64.

Parobek, V., & Alaimo, I. (1996). Fluid and electrolyte management in the neurologically-impaired patient. *Journal of Neuroscience Nursing*, 28(5), 322–328.

The Unconscious Patient:

Maus-Clum, N. (1982, August). Bringing the unconscious patient back safely. Nursing makes the critical difference. *Nursing*, 82, 34–42.

McLeod, Anne. (2004). Intra- and extracranial causes of alteration in level of consciousness. *British Journal of Nursing*, 2004, 13(7), 354–361.

Substance Abuse Problems: Alcoholism:

Required Readings:

1. Journal Articles

Compton, P. (2002). Caring for an alcohol-dependent patient. *Nursing 2002*, 32(12), 58–63.

Miller, T., & Geraci, E. (1997). Head injury in the presence of alcohol intoxication. *International Journal of Trauma Nursing*, 3(2), 50–55.

2. Assessment tool:

Vancouver Hospital and Health Sciences Center. Addiction Research Foundation Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar). One page.

Cirrhosis:

Required Reading:

1. Medical-surgical textbook. Section on liver failure (cirrhosis) and its complications.

2. Pharmacology text: Medications to treat hepatic encephalopathy (lactulose and neomycin).

3. Journal Articles:

Kelso, L.A. (1992, August). Fluid and electrolyte disturbances in hepatic failure. *AACN*, 3(3), 681–685.

McEwen, D. (1998). End-stage alcoholism. *AORNJ*, 68(4), 674–677.

Tasota, F., & Tate, J. (2000). Reading liver function values. *Nursing 2000*, 30(6), 73–75.

Whiteman, K., & McCormick, C. (2005). When your patient is in liver failure. *Nursing 2005*, 35(4), 58–64.

Wright, I.O. (1998). Esophageal varices: Treatment and implications. *Gastroenterology Nursing*, 21(1), 2–5.

Shock:

Required Readings:

1. Medical-surgical textbook. Section on all types of shock: hypovolemic, cardiogenic, and distributive (includes septic, neurogenic, anaphylactic).

2. Journal Articles:

Chavez, J., & Brewer, C. (2002). Stopping the shock slide. *RN*, 65(9), 30–35.

Mower-Wade, D., Bartley, M., & Chiari-Allwein, J. (2001). How to respond to shock. *Dimensions of Critical Care Nursing*, 20(2), 22–27.

Resources:

1. **Video:** Shock: A case study in hemodynamic monitoring (critical care focus — good patient simulation).
RC 670.5 H45S56

Group Skills Evaluation Tool for NURS 4000

Purpose: This tool is designed to provide accurate information to self and other group members so that this information can be utilized to improve group process skills. The form is also used to assign a final mark.

Instructions: Assign a mark to yourself and each group member for **each criterion #1–20** using the following scale.

| 3 Marks | 2 Marks | 1 Mark | 0 Marks |
|-------------------------------|------------------------------------|---------------------------------------------------------------------|-------------------------------------------------|
| Strongly Agree | Agree | Disagree | Strongly Disagree |
| Exceeds criteria consistently | Meets criteria fairly consistently | Needs improvement to meet criteria or meets criteria inconsistently | Fails to meet criteria or rarely meets criteria |

The group member demonstrates effective knowledge and teaching skills by:

1. using current and relevant literature and resources for all teaching sessions.
2. demonstrating a knowledge of the subject that is being taught at an appropriate depth and breadth.
3. conveying credibility by being clear, confident, and articulate.
4. promoting learning by using effective teaching methods and teaching aids.
5. promoting active learning through discussion, questioning techniques, and other participatory strategies.
6. providing well-organized and useful handouts.
7. completing teaching sessions within an appropriate time frame.

MARKS /21

The group member demonstrates effective group facilitation skills by:

8. actively participating in analyzing learning issues and assigning topics.
9. using specific group facilitation skills such as clarifying and summarizing.
10. actively participating in discussion by asking questions, giving opinions, and sharing knowledge and experiences.
11. encouraging others to participate.
12. giving constructive as well as positive feedback to self and group members in a professional manner.
13. helping to keep group members focused and raising awareness of problems.
14. suggesting appropriate strategies to enhance group functioning.
15. maintaining a positive, goal directed attitude and conveying interest and enthusiasm.
16. chairing meetings effectively.

MARKS /27

The group member demonstrates professionalism by:

17. being accountable and responsible, e.g., carrying full share of workload and “delivering” what has been promised.
18. accepting feedback from the group in an open manner.
19. changing own behaviour as needed.
20. being courteous and respectful of others (includes notifying appropriate person re lateness, etc.).

MARKS /12

/60

The following criteria will be marked by your tutor as “Yes” (7.5 marks) or “No” (0 marks):

21. Attends at least 90% of all group sessions. Note: BCIT attendance policy is in effect.
22. Is always punctual.
23. Completes the Group Skills Evaluation for self completely and appropriately.
24. Completes the Group Skills Evaluation for group members completely and appropriately.

MARKS /30

TOTAL /90